



ATWELL COLLEGE

# Rugby League Specialist Program

## Application Form

Completed applications to  
RLSP 2020 – Jemma Coelho  
201 Brenchley Dr, Atwell 6164  
[jemma.coelho@education.wa.edu.au](mailto:jemma.coelho@education.wa.edu.au)





ATWELL COLLEGE

## RUGBY LEAGUE SPECIALIST PROGRAM (RLSP)

The College's aim is to provide a high quality and inclusive school-based specialised program for students exhibiting a special talent in Rugby League or in any other football code. In this program, the College provides opportunities to develop life skills such as leadership, teamwork, fair play, competitiveness, responsibility and community involvement in the context of a team sport.

Students will receive a maximum of 4 periods per week for Rugby League and Physical Education lessons. These lessons involve skill development, conditioning and theory lessons.

Practical sessions are conducted at various venues and involve specialist coaching from local, state and national organisations. These practical sessions consist of skill development as well as refereeing and coaching development.

The selection criterion for the program is not solely based on sporting ability. We also assess attitude towards personal health and fitness, potential for development in Rugby League and attitude towards school and their education. Students who live outside the local intake area will only be accepted if the College has capacity.

Please be aware that there are costs associated with the 2020 program. A subject fee will be added to normal school fees. All students accepted into the program will be required to purchase a RLSP playing and training kit. This includes a sports bag, RLSP sublimated training shirt, training singlet, playing shorts, playing socks. This cost will be approximately \$160. During the year, students will be transported to games via the Atwell College bus or Buswest. This will also incur a charge of \$5 - \$10 per trip depending on the location.



**ATWELL COLLEGE**

2020 Year 7 RLSP – Trial – Thursday 27<sup>th</sup> June 2019.

Attendance/Briefing: Atwell Reserve – 8:45am

Trial: 9:00am – 11:00am

Applications need to be submitted to the College administration or emailed to [jemma.coelho@education.wa.edu.au](mailto:jemma.coelho@education.wa.edu.au) by Tuesday 25<sup>th</sup> June.

If you are unable to attend the trial, then an alternative time or meeting can be arranged.

**TRIAL CONSENT FOR STUDENTS INTERESTED IN THE RUGBY LEAGUE  
SPECIALIST PROGRAM**

**Note, in addition the following points should be made:**

1. Tackling will be involved in the trials.
2. Staff accompanying students at the trial will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.
3. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property that may occur at the trial where, in all circumstances, staff have not been negligent.
4. Department Insurance does not cover personal accidents through misadventure nor loss or damage of personal belonging.
5. Students who display unacceptable behaviour during the trial will be removed.
6. A completed medical form is required if your child will be attending the trials unaccompanied by a parent/carer.

I have read and understood the information regarding the trial/application and give my consent for my son to participate.

**Signature of parent/guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_



# ATWELL COLLEGE

## ***Student Details*** (please print)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Present School: \_\_\_\_\_ Previous School: \_\_\_\_\_

## ***Achievements***

1. Do you currently play for a Rugby League/Union/Football/Soccer/\_\_\_\_\_ Club?

If **YES**, please list the club/s:

\_\_\_\_\_

2. If you play Rugby League/Union, what position do you currently play?

\_\_\_\_\_

3. Please list your sporting achievements:

\_\_\_\_\_

\_\_\_\_\_

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**When available, please email a copy of your Semester 1 2019 school report to [jemma.coelho@education.wa.edu.au](mailto:jemma.coelho@education.wa.edu.au). Alternatively, you may submit a copy at the trial or to Atwell College administration addressed to Jemma Coelho.**



# ATWELL COLLEGE

## ***Parent/Guardian Details (Please Print)***

### **Parent/Guardian 1:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: *(if different from residential)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### **Parent/Guardian 2:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Residential Address: *(if different from Parent/Guardian 1)*

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: *(if different from residential)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

\*email is the preferred means of contact

# Student Excursion Health Form

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion and provides relevant information in case of an emergency.

## STUDENT DETAILS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone no. – home: \_\_\_\_\_

– work: \_\_\_\_\_

– mobile: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Care Provider: \_\_\_\_\_ Private Health Care No.: \_\_\_\_\_

## Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes

No

If "yes", please give details or attach emergency response plan: (space provided on back of form)

Child's Weight: \_\_\_\_\_ (required in case of emergency hospital admission)

## Is your child allergic to:

Penicillin

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(Please give details and provide emergency response plan)

Any other drug

Any food

Other

Date of last tetanus vaccination: \_\_\_\_\_

## Medication

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes  No

If "yes", state name of medication, dosage and frequency of use (space provided on back of form)

Does your child self-administer the medication?

Yes  No

Does your child have a current Health Care Authorisation Plan at school?

Yes  No

**Other information**

Please provide any other information about your child including if the proposed excursion poses any additional health risks to those identified in the Student Health Care Form

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**Medical Details:**

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**Medication:**

Name of Medication	Dosage e.g. mg, mls	Time of Administration	Route of Administration e.g. oral, PEG

**I give permission for my son/daughter to receive medical treatment in case of emergency.**

**It is strongly recommended that you have ambulance cover for your child as in the case of an emergency an ambulance will be called at your cost.**

**Parent Signature:** \_\_\_\_\_